

The Illinois Association of Medicaid Health Plans (IAMHP) is concerned by the lack of detail presented in the draft 1115 concept paper. In a broad manner consolidating Illinois' home and community based waivers, investing in care coordination, promoting public wellness and improving the workforce are all items that IAMHP strongly support. However, as is the case with all public policy, the devil is in the details.

Home & Community Based Services:

IAMHP fervently supports home and community based services and providers. The philosophy of streamlining benefits and the application process for recipients is one that is logical and inline with the platform of IAMHP. However, this process must be done carefully and in constant communication with recipients, caregivers, providers, managed care organizations, and other care coordination entities.

Delivery System Transformation:

IAMHP appreciates the need for increased care coordination within Illinois' Medicaid program. In fact, the individual member plans of IAMHP have played a key role in the coordination efforts that have occurred to date. IAMHP and its individual member plans intend to continue to partner with Illinois and build upon existing care coordination efforts. However, if that partnership is to be successful investments in care coordination models must be equitable and impartial. Quality of care and outcomes must always be the driving force of care coordination. Additionally, in order to incentivize provider involvement in care coordination a component of the quality assurance payments should be dependent upon participation within a care coordination network.

IAMHP welcomes the investment in health information technology for a multitude of reasons including the critical role it plays in implementing a successful and functional care coordination system. It is crucial to encourage all types of healthcare providers to adopt electronic health records (EHR) that can enable the creation of a solitary and comprehensive care plan. Implementation of health information technology not only assists providers in care coordination, but it also promotes beneficiary involvement and participation in health status and progress.

Workforce:

IAMHP is encouraged by the concept of utilizing the 1115 waiver to invest in Illinois' workforce. An additional component that could be added to this piece is investment in the education of care coordinators. As Illinois moves towards increased managed care with a multitude of models the need to hire care coordinators will also rise. Investment in this crucial component of managed care would provide benefits to the entire Medicaid program. Additionally, beyond the need for care coordinators and primary care physicians, we would hope that the state would utilize the 1115 waiver to increase access to behavioral health training and education.